

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/30/03.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399 (Durable Medical Equipment-RS4i Muscle Stimulator) for dates of service 8/2/03 - 9/1/03.

II. RATIONALE

Commission Rule 134.600 (h) (11) states that, "The non-emergency health care requiring preauthorization includes: All durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all transcutaneous electrical nerve stimulators (TENS) units."

The service in dispute was denied as, "X170-Pre-Authorization was required, but not requested for this service per TWCC Rule 134.600."

Requestor states that, "Preauthorization not required, line item does not exceed \$500.00." On 7/2/03, ____ prescribed, "Devices & supplies for 2 months."

Carrier's statement of position dated 10/14/03 states in part, "...Pre-authorization is required ...if total rental fee exceeds \$500.00 pre-authorization must be obtained."

The respondent submitted copies of EOB's showing the claimant already accumulated rental charges exceeding \$500.00 prior to disputed date of service. Therefore, per Commission Rule 134.600 (h) (11), the cumulative rental is in excess of \$500.00.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code E1399.

The above Findings and Decision are hereby issued this 28th day of January 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division
TC/tc